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ABSTRACT

The failure of incarcerative approaches in the alleviation of drug abuse combined with the advent of more liberal public opinion toward drugs has resulted in the development of various rehabilitation treatment methods. The complexity and heterogeneity of the problem, however, indicate the desirability of a multidimensional approach which integrates traditional resources and innovative concepts. Residential treatment facilities provide a structure to incorporate a multilevel approach which is dependent upon community responsibility and commitment, which are necessary conditions for a successful rehabilitation program. This article explores issues surrounding drug treatment, presents components of a residential treatment program, and discusses implications for the community in the area of drug rehabilitation. (Author/LAA)

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A COMMUNITY-BASED MULTILEVEL APPROACH TO DRUG TREATMENT AND REHABILITATION

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by

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Abstract

The failure of incarcerative approaches in the alleviation of drug abuse combined with the advent of more liberal public opinion toward drugs has resulted in the development of various rehabilitation treatment methods. The complexity and heterogeneity of the problem, however, indicate the desirability of a multi-dimensional approach which integrates traditional resources and innovative concepts. Residential treatment facilities provide a structure to incorporate a multilevel approach which is dependent upon community responsibility and commitment, which are necessary conditions for a successful rehabilitation program. This article explores issues surrounding drug treatment, presents components of a residential treatment program, and discusses implications for the community in the area of drug rehabilitation.

A COMMUNITY-BASED MULTILEVEL APPROACH TO DRUG TREATMENT AND REHABILITATION

Reactions to and failure of the traditional incarcerative and punitive modalities in the treatment of drug dependent individuals have led to an evolution of various treatment philosophies and rehabilitation approaches. The impact of these new approaches has contributed to a concomitant modification of societal attitudes toward drug users:

> Compared to the public view in 1900, the addict is now seen as less responsible for his behavior, and the social milieu is given greater significance. Public recommendations about coping with the problems of addiction have shifted in phases from punitive methods to medical treatment and social rehabilitation (Pattison, Bishop, and Linsky, 1968).

This shift from limited therapeutic expectations and changes in public attitudes has expanded and influenced rehabilitation methods by focusing attention on the social system, illuminating how it affects clients, and exploring the necessity of providing alternative responses for both the social system and the client.

One modality which incorporates these principles is the community-based, self-help, residential treatment facility characterized by a multilevel approach to treatment and rehabilitation. In this multilevel approach consideration is given to the complexity of the drug problem, the heterogeneity of the population, as well as the need for continued community awareness, education and responsibility.

Recognizing the complexity of drug use in a contextual frame of reference enables researchers to view drugs in perspective rather than with myopic expectations.

The heterogeneity of the issues related to drugs surfaces several areas of confusion in discussing drugs. All people who use drugs do not have a drug problem. In order to cope with this situation, prevention and rehabilitation programs must be sensitive to the tendencies of many clients to have other serious problems clouded by the label of drug abuse.

Frames of Reference

Rehabilitation approaches should be based on hypotheses which provide the foundation for a treatment plan, not barriers to positive action. They should constitute a therapeutic frame of reference which enables the counselor to work with a population in a setting which is more potent than the resources often found in a counselor's office. The following are examples of concepts which may establish such a frame of reference:

1. There is nothing criminal in the actual use of drugs by the addict (Naiman, 1968).
2. Strong primary and secondary rewards, not punishment, are the most important elements in effecting therapeutic change (Walder, 1965).
3. The main goal of treatment should be removing the post-addict from the addict cultural milieu and reintroducing him into a healthy community life with a concomitant positive change in his self-concept (Young, 1964).

4. Improved health and prevention if illness are as important as increased participation in conventional activities and decreased participation in criminal activities (Brotman, 1965).

5. To reject drugs, the addict must be helped to find substitute satisfactions through work and personal relationships; discover outlets for pent-up emotions; establish techniques for coping with day-to-day problems; expand his threshold of tolerance for suffering, persevering, and delaying gratification; and develop a more aggressive and self-assertive attitude (St. Pierre, 1969).

6. Drug users have heterogeneous motivations for taking drugs (Solomon, 1969).

7. Rehabilitation efforts should embody educational and social efforts aimed at prevention and a system for in-patient and out-patient treatment and rehabilitation for addicts (Hoch, 1963).

8. Addicts should be viewed as potential rehabilitants, not sick individuals, and research should be directed toward rehabilitation criteria, instead of medical or legal principles, to develop diagnostic procedures the addict can profit from and respond to in being restored to life as a free and independent person (Lentchner, 1970).

9. Although traditional rehabilitation is based on the premise that vocational adjustment is a key concept, emphasis should be placed on the value work provides, with monetary rewards being only a miniscule component of a larger value structure (Dell Orto, 1972).

To implement these concepts, the residential facility is often a viable mechanism due to its resources for a potentially therapeutic milieu.

Residential Facilities

The use of residential settings as a treatment modality is one of two methods currently receiving the greatest amount of attention, the other being a pharmacological approach (Freedman, 1966). Community support is an inherent need in the therapeutic residential approach, for while residential programs may fail of their limitations, they cannot begin to approach success without a community commitment. Some of the components of a community residential treatment program are presented in Figure I.

Figure I goes here

The complexity and heterogeneity of these components indicate the need for multimodel approach to drug rehabilitation , as the major current therapy methods result from different opinions on the cause of addiction, all of which have some validity (Jaffee, 1970). Fragmentation of treatment modalities and rehabilitation services for the drug-dependent person only reinforces the disorganization apparent in his past experience, while solidification of treatment provides him a developmental structure which grows with the client, rather than impeding him. Limitations are inherent

in those models which focus on the development of a person but do not follow through with an appropriate course of action to capitalize upon his growth throughout the rehabilitation process.

Community

A basic hindrance to viable therapeutic programs is that community concern for drug dependent persons often still exists only in the preventive and cognitive realms. One explanation is that treatment may be based on aspirations of community members to eradicate drug use rather than on concern for treatment of the drug user. Once prevention evolves from fixating upon the removal of the addict and his suppliers from society as a solution to the drug problem, to the awareness that such actions alone deal with the secondary, not primary, causal agents of addiction; viable prevention, treatment, and rehabilitation programs can be implemented.

Other impediments to effective action include limited knowledge of the drug problem, selected areas of interest, and opposing philosophies of treatment. From a rehabilitative point of view, a community must be able and willing to assume responsibility and be receptive to innovative prevention-treatment approaches which have as their objective reintegration of the individual into society.

Implications

The most potent force in the rehabilitation of drug users and abusers is the community and its commitment to positive action rather than negative reaction to the needs of its citizens.

Often communities are limited not only in the definition of the problem facing it, but also in the assignment of responsibility in the solution of the problem.

Limited external help and limited funding are often blamed for the ineffectiveness of present approaches. This is nothing more than a rationalization on the part of communities which encourage these ineffectual procedures to promulgate themselves in a vacuum of fear of the unknown rather than facing the challenge of reality. Several ways to develop community action and awareness are:

1. Education of community leaders and members regarding the problems facing the community and its citizens.
2. Presentation of material which does not limit its focus upon drugs but emphasizes human needs and concerns of both the young and older members of the community.
3. Highlighting responsibility of industry for assisting jobless persons who have drug problems.
4. Development of centers where citizens can express their concerns and establish mechanisms of dealing with problems many of which are drug related.

The problems related to drugs are very real and very complex. However, their existence should not preclude positive action being taken to eliminate them. Often misdirection and inappropriate focal points account for the meager returns of large investments in the area of drug rehabilitation. The community and its resources represent a potential foundation from which the significant problem related to drug rehabilitation can not only be defined, but also resolved.

Treatment Components		Community Components	
Detoxification	To safely eliminate physiological dependence, usually at a local hospital; programs vary in having or not having a methadone component.	Intervention Procedures	To handle crisis situations through a hotline and consultation center.
Psychological Evaluation	To determine individualized treatment goals oriented toward the nature and extent of each patient's dysfunctional behavior (Freedman, 1966).	Rap Groups	To provide alternatives to those who are pre-drug users and information and help to thos who are using drugs through youth groups in the community.
Concept - Self-help	To focus upon the individual and his relationship to himself, others, and the world around him via heavy reality/encounter therapy, individual and group therapy, the goal being foundation-building and personality rebuttressing.	Community Education	To assist the community via consultation, lectures, and advice concerning drug-related problems.
Group Counseling	To provide peer evaluation and support in a therapeutic setting.	Family Therapy	To enable the staff and the family to explore solutions and alternatives available in coping with drug usage as well as providing an opportunity for the family to become more aware of their mutual concerns and to work on them during a mutual therapeutic effort.
Individual Therapy	To enable the client to work on selected areas of concern which demand individual attention.	Consultation Center	To provide a liaison between young people and drug centers, free health clinics, and other services they might need.
Educational	To provide the resident with educational skills necessary for improved functioning which enable him to profit from educational opportunities.	Volunteer Groups	To provide support of the program by contribution and creating an awareness of needs both in the community and of the treatment program.
Vocational	To provide the resident with marketable assets which will facilitate entry into a labor market.	Family Support Group	To provide a cohesive unit which can direct itself toward areas of consumer needs.

Phase-out	To facilitate a satisfactory vocational and personal adjustment in the community through a transitional period characterized by more freedom and responsibility.
Follow-up	To provide the support system necessary to keep a person functioning during the crises and subsequent periods that follow phase-out.

Figure 1 Components of Residential Self-Help Therapeutic Communities for Drug Dependent Youths

References

Brotman, R., Meyer, A. S., and Freedman, A. M. An approach to testing narcotic addicts based on a community mental health diagnosis. Comp. Psychiatry, 1965, 6 (2), 104-118.

Dell Orto, Arthur E. Social dimensions in drug rehabilitation. Paper presented at the National Rehabilitation Association. San Juan, Puerto Rico, 24 September 1972.

Freedman, Alfred M. Drug addiction: An eclectic view. JAMA, 1966, 197 (11), 878-882.

Hoch, P. H. Comments on narcotics addiction. Comp. Psychiatry, 1963, 4 (3), 140-144.

Jaffee, Jerome. Whatever turns you off. Psychology Today, 1970, 3 (12), 42-44, 60-62.

Lentchner, Lawrence H. Rehabilitation and civil commitments of addicts. Journal of Rehabilitation, 1970, 36 (6), 28-29.

Naiman, James. Drug addiction: A mental illness. Toxicomanies, 1968, 1 (3), 253-257.

Pattison, E. Mansell, Bishop, Lyall A., and Linsky, ARnold S. Changes in public attitudes on narcotic addiction. American Journal of Psychiatry, 1968, 125 (2), 160-167.

Solomon, Philip. Medical management of drug dependence. JAMA, 1968, 206 (7), 1521-1526.

Walder, Eugene. Synanon and the learning process: A critique of attack therapy. Corrective Psychiatry & Journal of Social Therapy, 1965, 11 (6), 299-304.

Young, Elliot. Therapeutic recreation for the narcotic addict. Journal of Rehabilitation, 1964, 30 (1), 23-24.